National Managed Health Care Congress: Alternatives Become Mainstream

By Louis Sportelli, DC

During the last week of March, more than 10,000 people gathered in Atlanta, Georgia to attend the 11th annual National Managed Health Care Congress (NMHCC). From the initial brochure inviting individuals, organizations, corporations and health care companies in any way connected with health care delivery, to the impressive array of speakers showcased in the many concurrent educational tracks, the conference was impressive.

Held in the convention center in Atlanta, Georgia, the conference was the largest in the memory of the attendees who frequent conventions. There were hundreds of displays ranging from multi-level, sophisticated, high-tech corporate displays to the traditional 6x8 booth. The exhibit hall was imposing and daunting. The cost of attending the conference was high. From registration to exhibit displays, from hotels to handouts and brochures, the financial and human resource expenditures by corporate America was significant.

Many of the high-tech expensive displays came from the pharmaceutical industry, not to be outdone by the high-tech computer companies selling everything from information technology to disease management. The insurance industry was prominent in attempting to provide coverage or services, all of which left an undeniable corporate thumbprint on the exhibition hall.

Undoubtedly, the size and number of exhibits were a clear and unmistakable signal that health care is big business and that big business is in the business of health care. The theme of this conference could very well have been, "If the current health care system needs to be changed, show me the alternative(s)."

The national expenditure for health care is approaching $14 billion annually. Patients are spending $28 billion out-of-pocket for chiropractic and other complementary health care. If one were to "follow the money," it would lead to the doors of corporate America. How this shift will transform and affect health care in general and chiropractic specifically is yet to be determined.
One of the most refreshing changes noted in many years is the recognition and value of chiropractic services by many managed care organizations. Additionally, the consumer demand for chiropractic, acupuncture, massage, nutrition and naturopathic services was evident. The question in many minds was quite simply, "Where does chiropractic belong?" Is it an alternative, or is it mainstream? Is it an "add-on" or "replacement" service, or should it be included in the core benefit package of health plans?

Fear of chiropractic and the other alternatives was voiced in many ways. Fear of not being able to "control" the costs for these services. Fear of not being able to identify a mechanism to properly credential these practitioners. Fear of a lack of standardization of process and procedures as well as reporting and outcomes determination. Fear of the "myths" which have surrounded chiropractic and some of the other alternatives and how to dispel these to legitimatize the service. Fear of overutilization. Fear of nonevidence-based procedures being sanctioned by the networks. Fear ... fear ... fear.

The flip side of the fear was a recognition that consumer demand is growing. Evidence is building; networks are forming to meet the needs of the benefit purchasers; and the value of the services may enhance the well-being of the network enrollees while potentially lowering the cost for traditional allopathic services.

This "offsetting/replacement costs" versus "add-on costs" seems to be the linchpin of the controversy relative to costs. If chiropractic (or any of the alternatives) can show that they truly reduce costs (offsetting), while providing evidence that they enhance the quality of life for the network enrollees, much of the debate will stop.

Those on the panels of the NMHCC were chiropractic networks, alternative networks, and those from the health care industry who have done research in the area of complementary and alternative services.

David Eisenberg, MD, was a presenter to the several hundred medical directors who were present at the conference. These are the individuals who have significant input into the incorporation of chiropractic and other alternative services. They appeared to be interested in the message, which is a significant paradigm shift from just a decade ago.

Steve Forbes was a keynote speaker. He delivered a strong message about health care and how to help fix the mess. Mr. Forbes strongly suggested that the medical savings accounts (MSAs) would be the most empowering development consumers would have in their ongoing quest to achieve adequate health care at reasonable costs. Mr. Forbes discussed the empowerment the internet provides and will continue to provide
to the public in determining if their providers are what they are looking for. Unquestionably, the internet and
the associated technology explosion will create consumers that are not only sophisticated and discerning,
but well-educated and inquisitive about their conditions long before they have sought the services of any
doctor.

Mr. Forbes observed that when you purchase auto insurance, you don’t expect to get your car washes, oil
changes and new tires paid for. The health care insurance system, by analogy, is designed to provide
services that individuals can and will provide for themselves.

He was adamant that all should have the opportunity to have catastrophic insurance coverage coupled with
an MSA. Allowing individuals to use and control their health care needs and dollars would have an
enormous positive effect on the system. He said that every American should have the same benefit of tax
deductions for health care coverage as corporations and large employers.

Unquestionably, the conference drew anyone and everyone who was directly or remotely connected to
health care delivery: insurance companies; employer benefit managers; companies providing cards for
patient identification; large technology data-management companies; and huge drug and nutritional-related
product companies. It’s quite simple. Health care is big business and big dollars. But change is in the wind.
Change is inevitable as health care moves toward a new model of cost, evidence-based procedures, patient
satisfaction and outcomes.

The sessions were filled to capacity with participants wanting to learn everything from disease management
to information technology. The plenary sessions created an unusual assortment of information technology
and speakers: Patch Adams (the real one); Dr. Ruth; Steve Forbes; and Ann Richards. All of them agreed
that health care will be one of the highest priorities for Congress in this and the next legislative session.

John Weeks, editor of The Integrator, a widely read newsletter on the incorporation of complementary and
alternative health care into the system, was moderator for many of the complementary sessions. Mr. Weeks
is not only highly informed on the trends affecting health care, but provided penetrating insight into how we
deliver health care.

Some of the spinoff benefit of attending such a conference is the ability to network, dialogue and discover
new and interesting facts and procedures used by others in managing health care delivery. There is no doubt
in my mind that the “court of public opinion,” which is the theme of this column, will be the most decisive
factor in determining the future for how health care is delivered in the next century.

Chiropractic has become a significant health care debate. Will it be treated as a commodity purchased from the lowest bidder (there are those who are delivering chiropractic in that fashion), or will it be viewed as a "necessary service" to be included in the core benefit because of the impressive cost savings and health gains realized by chiropractic inclusion into the basic benefit package?

The chiropractic community can have significant input by providing a value-added service to their patients, encouraging them to participate in the system using their collective "voices" to advance the agenda. If each chiropractor were able to influence only five people every day, a million people each week would make their desires known to their legislators, employers, benefit managers, insurance companies, HMOs, PPOs and news media in letters to the editor. A million new chiropractically informed people a week in no time would result in the greatest changes ever made in the shortest time possible to advance chiropractic.

The patients are there for the asking. The question is simply, will the doctors of chiropractic take the time and effort to do what they have to do to help explain to patients the kind of consumer power they have and what they can do to change the system?

The profession has done this before, in almost every advancement made. Why is this effort being met with a lethargic "Ho hum"? Perhaps it is best summed up in the recent bumper sticker: "I am neither for nor against apathy." Who knows -- maybe this time things will be different! Till next time, remember: "The court of public opinion is king."

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